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MAR 0 2007

UNITED STATES
SEGURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION SEC USE ONLY
Prefix Serial

DATE RECEIVED

| ······ | *************************************** | | | ************************* | |
|--|---|-------------------|---|---|----------------------|
| Name of Offering ([] check if this is Retail Plaza, LLC | s an amendment ar | nd name has cha | anged, and indic | ate change.) Sp | ring |
| Filing Under (Check box(es) that apply): | [] Rule 504 | [] Rule 505 | [X] <u>Rule 506</u> | [] Section 4(| 6) []ULO |
| Type of Filing: [] New Filing [X |] Amendment | | | PR | OCESS |
| | A. BASIC IDENT | | | 2 ^M | AR 2 0 2007 |
| 1. Enter the information requested | about the issuer | | | ワ | |
| Name of Issuer ([] check if this is Spring Retail Plaza, LLC | an amendment an | | | ate change) | THOMSON FINANCIAL |
| Address of Executive Offices (N 20875 N. Pima Rd. Suite C4-135 S | | | | one Number 63-8729 | |
| Address of Principal Business Ope | rations - Same | | | *************************************** | |
| Brief Description of Business Real estate | | | *************************************** | *************************************** | |
| Type of Business Organization | | | | *************************************** | ************* |
| [] corporation | [] limited | partnership, alre | eady formed | | other |
| [] business trust | [] limited | partnership, to b | e formed | limited | I liability co. |
| | | | lonth Year | ······································ | ······ |
| | oration or Organiza | tion: [1 | 2] [2006] | [X] Actual | [] Estimated |
| Actual or Estimated Date of Incorp | | | | | |
| Actual or Estimated Date of Incorp Jurisdiction of Incorporation or Org | anization: (Enter tw | | stal Service abb foreign jurisdicti | | te: |

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

SEC 1972 Persons who are to respond to the collection of information contained in this form are not required (6-02) to respond unless the form displays a currently valid OMB control number.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: [] Promoter {X] Beneficial Owner [X] Executive Officer [] Director [] General and/o Managing Par | |
|---|---|
| Full Name (Last name first, if individual) Gimbel, David | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 20875 N. Pima Rd. Suite C4-135 Scottsdale, Arizona 85255 | |
| Check Box(es) that Apply: [] Promoter {X] Beneficial Owner [X] Executive Officer [] Director [] General and/o Managing Par | |
| Full Name (Last name first, if individual) Gimbel, Arlene | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 20875 N. Pima Rd. Suite C4-135, Scottsdale, Arizona 85255 | |
| Check Boy(es) that Apply: [1] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/o | r |

| Manage Ma | ging Partner |
|--|------------------------------------|
| Full Name (Last name first, if individual) | ···· |
| Business or Residence Address (Number and Street, City, State, Zip Code) | w |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] Gener Management | al and/or ging Partner |
| Full Name (Last name first, if individual) | ••• |
| Business or Residence Address (Number and Street, City, State, Zip Code) | •••• |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] Gene Mana | ···· ral and/or ging Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | ••• |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] Gene Mana | ral and/or ging Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | ww |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] Gene Mana | ral and/or ging Partner |
| Full Name (Last name first, if individual) | ***** |
| Business or Residence Address (Number and Street, City, State, Zip Code) | ***** |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) | |
| B. INFORMATION ABOUT OFFERING | |
| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | Yes No |
| Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? | \$50,000 |
| 3. Does the offering permit joint ownership of a single unit? | Yes No |
| | [X] [] |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | |

| Full Na | | | | | | ommissio | ons | | ······································ | *************************************** | ······ | • |
|-----------|-----------|------------|--------------|------------|---|---|---|---|---|---|---|------|
| Busine | | | Address · | | ••••••••••••••••••••••••••••••••••••••• | | | *************************************** | *************************************** | ······ | | •• |
| Name | of Assoc | iated Bro | ker or De | ealer – | ······································ | *************************************** | | | ······································ | *************************************** | | • |
| | | | | | ed or Inte | nds to So | licit Purcl | nasers | | |] All State | es |
| ` [AL] | [AK] | [AZ] | [AR] | [CA] | [00] | [CT] | [DE] | [DC] | [FL] | [GA] | , (HI) | [ID] |
| (וL) | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [MM] | [NY] | [NC] | [ND] | (HO) | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [XT] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Na | me (Las | t name fi | rst, if indi | vidual) | | | *************************************** | | *************************************** | *************************************** | *************************************** | • |
| Busine | ss or Re | sidence | Address | (Number | and Stree | et, City, S | tate, Zip | Code) | a <i>oo</i> aooaoa | ************** | ************* | • |
| Name | of Assoc | iated Bro | ker or De | ealer | | *************************************** | ····· | | | ************* | *********** | ~ |
| States | in Which | Person | Listed Ha | as Solicit | ed or Inte | nds to So | licit Purch | nasers | ****************** | | | |
| (Check | "All Stat | tes" or ct | neck indiv | idual Sta | ites) | | | | | [|] All State | es |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | (HI) | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [MM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | (SC) | [SD] | [TN] | [XT] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Na | me (Las | t name fi | rst, if indi | vidual) | *************************************** | | *************************************** | *************************************** | **************** | *********** | | • |
| Busine | ss or Re | | | • | | et, City, S | | Code) | | ************** | ~~~~ | • |
| Name | of Assoc | | ker or De | | ************ | *************************************** | *************** | | ************* | | *************************************** | - |
| States | in Which | Person | Listed Ha | as Solicit | ed or Inte | nds to Sc | licit Purcl | nasers | ************** | ***************** | | • |
| (Check | "All Sta | tes" or cl | neck indiv | idual Sta | ates) | | | | | [|] All Stat | es |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [XT] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| (Use b | lank sh | eet, or c | | | | pies of t | | , as nece | ssary.) | | | |
| C. (| OFFER | NG PRI | | | | | | | D USE O | F PROC | CEEDS | ~ |
| 1. Ente | | | | | | | | ing and th | | ······································ | | ~ |

^{1.} Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

| Type of Security Debt | Aggregate Offering Price \$1,000,000 | Amount Already Sold \$150,000 |
|--|--|-------------------------------------|
| Equity | \$ | \$ |
| [] Common (including warrants) [] Preferred | | |
| Convertible Securities (including warrants) | \$ | \$ |
| Partnership I | \$ | \$ |
| Other Member Interests | \$ <u>1,000,000</u> | \$850,000 |
| Total | \$2,000,000 | \$1,000,000 |
| Answer also in Appendix, Column 3, if filing under ULOE. | | |

| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the totalines. Enter "0" if answer is "none" or "zero." | | |
|--|---|-------------------------------|
| | M | Aggregate |
| | Number Investors | Dollar Amount of Purchases |
| Accredited Investors | 10 | \$1,000,000 |
| Non-accredited Investors | | \$ |
| | | \$ |
| Total (for filings under Rule 504 only) | | |
| Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information request securities sold by the issuer, to date, in offerings of the types indicated, the twelve (prior to the first sale of securities in this offering. Classify securities by type listed in Question 1. N/A | 12) months | |
| | Type of Securit | Dollar Amount |
| Dula FOE | • | Sold • |
| Rule 505 | | \$ |
| Regulation A Rule 504 | | \$ \$ |
| Total | | |
| 1 O(a) | | Ψ |
| distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to fut contingencies. If the amount of an expenditure is not known, furnish an estimate an check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs. Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) filing fees Total. | (X) (X) (X) (1) (1) (X) (X) | \$ |
| Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or part of the issuer used or part o | | \$ <u>984,400</u> |
| used for each of the purposes shown. If the amount for any purpose is not known, f and check the box to the left of the estimate. The total of the payments listed must gross proceeds to the issuer set forth in response to Part C - Question 4.b above. | urnish an estimat | |
| | Affiliates (| Payments To Others |
| Salaries and fees | [] \$[|] \$ |
| Purchase of real estate | f 3 | ×]\$ <u>984,400</u> |
| Purchase, rental or leasing and installation of machinery and equipment | [] \$[|]\$ |
| Construction or leasing of plant buildings and facilities | [] \$[|] \$ |

| Acquisition of other businesses (including t securities involved in this offering that may exchange for the assets or securities of an pursuant to a merger) | v be used in nother issuer | [] \$ | []\$ |
|---|---------------------------------|-----------------------|-----------------------|
| Repayment of indebtedness | | [] \$ | []\$ |
| Working capital | ••••• | [] \$ | x] |
| Other (specify): | | <u> </u> | []\$ |
| Franchise fee | | [] \$ | [x]\$ |
| Column Totals | | [] \$ | [X]\$ <u>984,400</u> |
| Total Payments Listed (column totals adde | d) | - | [X] \$ <u>984,400</u> |
| is filed under <u>Rule 505</u> , the following signature of Securities and Exchange Commission, upon writing issuer to any non-accredited investor pursuant t | itten request of its staff, the | e information furnish | |
| Issuer (Print or Type) | Signature | <u> </u> | Date |
| Spring Retail Plaza, LLC | | | Of 3/3/07 |
| Name of Signer (Print or Type) | Title of Sign | er (Print or Type) | |
| David Gimbel | Member o | of Manager | . MANUAL |
| | ATTENTION | | 40 - 101 - 100 and |
| Intentional misstatements or omissions o | J.S.C. 1001.) | ral criminal viola | tions. (See 18 |

